AIDSTAR Sector I INDEFINITE QUANTITY CONTRACT SECTION A –REQUEST FOR TASK ORDER PROPOSAL (RFTOP) *"Strengthening Communities' Responses to HIV/AIDS"*		
1	RFTOP Number	663-T-08-048
2	Date RFTOP Issued	09/23/2008
3	Issuing Office	USAID/Ethiopia Acquisition & Assistance Management Office
4	Contracting Officer	Cynthia L. Shartzer Office: *(251-11-551-0088)* E-mail: cshartzer@usaid.gov
5	Proposals to be Submitted to	**Caddis@usaid.gov** ; and **Henok Amenu** Office: 251-11-551-0088 Email: hamenu@usaid.gov
6	Proposals Due	0800 hours Addis Ababa, Ethiopia time, on November 13, 2008
7	Payment Office	See Section G.4 Invoices
8	Name of Firm	All AIDSTAR Sector I IQC holders
9	IQC Task Order Number	TBD at the time of Award
10	DUNS number	To be provided by the Offeror
11	Tax Identification Number	To be provided by the Offeror
12	Address of Firm	To be provided by the Offeror
13	RFTOP Point of Contact	Name: Henok Amenu Phone: 251-11-551-0088 Fax: 251-11-551-0043 Email: hamenu@usaid.gov
14	Person Authorized to Sign RFTOP	Cynthia L. Shartzer Contracting/Agreement Officer
15	Signature	Cynthia L. Shartzer
16	Date	09/23/2008

Table of Content

SECTION B – SUPPLIES OR SERVICES AND PRICE/COSTS

B.1 PURPOSE

The United States Agency for International Development Mission to Ethiopia (USAID/Ethiopia), Health, AIDS, Population and Nutrition (HAPN) Office requires support to strengthen the HIV/AIDS regional and national response led by Ethiopia's Federal HIV/AIDS Prevention and Control Office (HAPCO) and Regional Health Bureaus (RHBs) as detailed in Section C "Statement of Work".

B.2 CONTRACT TYPE

This is a three year Cost-Plus-Fixed-Fee completion contract with two one-year option periods. For the consideration set forth in the contract, the Contractor shall provide the deliverables or outputs described in Section C and comply with all contract requirements.

B.3 ESTIMATED COST, FIXED FEE, OBLIGATED AMOUNT AND BUDGET

(a) (a.1) The estimated cost for the performance of the work required during the base period hereunder, exclusive of fixed fee, if any, is **$TBD**. The fixed fee, if any, is **$TBD**. The estimated cost plus fixed fee is **$TBD**.

(a.2) The estimated cost for the performance of the work required during option year 4 hereunder, exclusive of fixed fee is **$TBD**. The fixed fee, if any, is **$TBD**. The Estimated cost plus fixed fee is **$TBD**.

(a.3) The estimated cost for the performance of the work required during option year 5 hereunder, exclusive of fixed fee is **$TBD**.The fixed fee, if any, is **$TBD**.. The Estimated cost plus fixed fee is **$TBD**.

(b) Within the estimated cost plus fixed fee (if any) specified in paragraph (a) above, the amount currently obligated and available for reimbursement of allowable costs incurred by the Contractor (and payment of fee, if any) for performance hereunder is **$TBD**. The Contractor shall not exceed the aforesaid obligated amount.

(c) Funds obligated hereunder are anticipated to be sufficient through _____.

The following itemized budget sets forth the estimates for reimbursement of dollar costs for individual line items of cost for providing the services and other deliverables specified in this contract.

The Estimated Cost Excluding Fee of this acquisition (potential 5-years) is …….**$TBD**.
The Fixed Fee (potential 5-years) is ..... **$TBD**.
Total Cost Plus Fixed Fee Ceiling Price (potential 5-years) is ……**$TBD.**

The contractor will not be paid any sum in excess of the ceiling $_____ price.

B.4 PAYMENT

The paying office is as described under section G.4 of this Task Order.

END OF SECTION B

SECTION C – STATEMENT OF WORK

USAID/Ethiopia: Strengthening Communities' Responses to HIV/AIDS

C.1 BACKGROUND/OVERVIEW

USAID/Ethiopia's Office of Health, AIDS, Population and Nutrition (HAPN) requires service of a task order contractor to: 1) strengthen the capacity of local civil society organizations (CSOs) to deliver to identified populations integrated community HIV/AIDS services, including basic and advanced palliative care, HIV counseling and testing (HCT), adherence monitoring and defaulter tracing, social support and asset building/economic strengthening; 2) further develop and strengthen coordination and referrals between CSOs, local government and health facilities; and 3) strengthen pre-service training and fellowship programs for social work and nursing students at local public and private training institutions.

The scope of activities envisioned for support under this task order is designed to strengthen the HIV/AIDS regional and national response led by Ethiopia's Federal HIV/AIDS Prevention and Control Office (HAPCO) and Regional Health Bureaus (RHBs). These activities will complement the broader array of health facility-based initiatives undertaken by national partners.

Results Framework

USAID's intended goal is to strengthen the capacity of CSOs to improve access and quality of HIV care and support services, including counseling and testing and adherence activities within communities so that health outcomes for HIV positive Ethiopians and their dependents are improved.

Results One – Improve access to comprehensive HIV/AIDS community and home-based care services offered by local CSOs in high HIV prevalence areas, and strengthen coordination with and linkages to public health facilities. Emphasis should be placed on integrating home-based care services with child health, infectious disease, family planning and HIV clinical care services at public facilities.

Result Two – Strengthen and monitor the performance and quality of HIV-related community and home-based care services offered by local civil society, strengthen and monitor the performance and quality of referral patterns of individuals, and improve adherence care to anti-TB and antiretroviral therapy at household level.

Result Three – Among households and communities impacted by HIV/AIDS, raise awareness and demand for quality, comprehensive services to be offered by local civil society and health facilities.

In developing this framework USAID assumes there are various CSOs that will be scaled-up to meet the objectives under this mechanism. Furthermore, there are numerous traditional organizations (such as Idirs) that CSOs will support to access communities and deliver support to beneficiaries.

C.2 PROGRAM CONTEXT

In June of 2007, The Ministry of Health released the *Single Point HIV Prevalence Estimate*. This 2007 report gives a national adult prevalence rate of 2.1 % while the rate in urban populations is more than 3 times higher (7.7%). Furthermore, the ART program has reached approximately 130,000 individuals throughout the country. National loss to follow up (LTFU), an important metric to determining effective treatment programs, is approximately 25 percent due to predictable socio-economic and health system factors in a resource- constrained country. Gaps linking beneficiaries throughout the tiered health care systems and back to community-based services is widespread. Services are not standardized or systematic and despite best efforts, uneven provision of community-based health services and support is pervasive.

Lack of coordination and referrals at community level has contributed to the under-utilization of facility-based care. For example, only about 5.3 percent of pregnant women deliver their babies at a health facility. Health service utilization is approximately 0.36 nationally. Consequently, facility-based HIV/AIDS services face constraints in reaching the broader population. Improvements in community and home-based care, therefore, can make significant contributions to the achievement of national and regional HIV/AIDS program goals.

The availability of health professionals and administrators remains a serious constraint for public health programming. The U.S. Government (USG) intends to more deliberately support at local institutions pre-service training of cadres of professionals.

Geographic Scope

The USG currently supports key community and home-based care and economic strengthening activities that the Contractor shall reference and with which the Contractor shall propose collaborative relationships to maximize benefits for Ethiopians impacted by HIV/AIDS.

USAID envisions the Contractor shall support the delivery of services by CSOs in urban/peri-urban areas where ART services are available specifically towns in Afar, Amhara, Benishangul Gumuz, Dire Dawa, Oromia, SNNP and Tigray regions. Priority scale-up or transition sites are identified in Annex A. USAID requires the Contractor to support work by CSOs in 300 towns in Ethiopia. New sites shall be phased into the Contractor's implementation plan at quarterly intervals with the approval of USAID. The Contractor shall reference National ART monthly reports, available on the Ethiopian AIDS Resources Center website, to identify geographic areas that have a high volume

of ART beneficiaries in addition to MOH-Single Point, ANC and DHS HIV prevalence estimates. Annex B outlines existing Care and Support activities. In areas where CSOs are not present, the Contractor shall assist formal local civil society groups, beyond traditional groups, to establish a presence in these areas.

C.3 ACTIVITIES/COMPONENTS

USAID requires the Contractor to function mainly as a technical assistance provider, grant maker and administrator to CSOs by offering training, technical assistance, procurement, extensive mentoring, monitoring and supportive supervision. Local public and private training institutions may act as valuable technical assistance partners to local civil society. This is a complex statement of work requiring multi-disciplinary teams to facilitate adequate development of technical and organizational capacity for service delivery. Furthermore, USAID envisions this award shall result in civil society partners implementing zonal- or regional-scale comprehensive home and community-based care programs.

The current nature of the HIV epidemic indicates that HIV and AIDS cases primarily fall within urban and peri-urban areas as per DHS 2005 estimates. Therefore, USAID requires the Contractor to prioritize urban- and peri-urban-focused programming.

Uganda and many other African countries have vibrant civil society communities that assist their governments in meeting development objectives. Despite proposed federal legislation in Ethiopia introducing complex registration, oversight and restrictions on civil society, USAID remains committed to the capacity-enhancement of CSOs engaged in community health and HIV/AIDS. Through this mechanism to support HIV/AIDS service delivery, USAID requires that substantial resources and capacity shall be transferred to Ethiopian CSOs to support long-term development of key organizations that could be strengthened to resemble other countries' civil society groups (e.g., The AIDS Support Organization in Uganda).

Component 1: Supporting CSO Delivery of Community-Based Palliative Care

Summary

The USG has supported local organizations to provide palliative care services and develop multi-stakeholder referral networks between community, health center and hospital services since 2001. Using lessons learned from this experience, the Contractor shall strengthen and expand community-based palliative care programs in urban and peri-urban areas. Component 1 focuses on care services delivered at the community and household level delivering basic and advanced palliative care including community TB DOTS, adherence promotion, and monitoring utilizing case management methodologies.

Elements and Approaches for Community and Home-Based Care
The Contractor shall work through local civil society organizations by building technical and organizational capacity to implement community-based care programs. Funding for this activity shall address:

- Work closely with ART treatment sites (hospitals, health centers) to ensure community follow-up of all enrolled HIV patients
- Ensure the provision of basic and advanced palliative care including complementary commodities, and psychosocial counseling through laypersons is provided with from the oversight of nurses and social workers.
- Ensures the availability of basic care commodities and services
- Ensure the provision of adherence promotion and monitoring of clinical therapy in addition to supporting health facilities trace defaulters.
- Deliver low-cost, evidence-based preventive care and linkages to other public health interventions at the household level.
- Establishment or transition of Mother Support Groups into community settings.
- providing support to people living with HIV and AIDS (PLWHA) and their families, including home visits, provision of
- Ensure support to orphans and vulnerable children (OVC), both infected and affected by HIV and AIDS, in one or more of the six intervention areas identified in the PEPFAR OVC guidance (refer to additional background documents attached_

USAID requires that CSOs be trained in delivering family-centered palliative care with a focus on the priorities set by the family through its active participation in identifying problems that compromise its health and well-being. Other characteristics of such care are team planning, development, and support; and a focus on outcomes. Interpersonal, interactive including community conversations and other forms of communications may be utilized to mobile families for behavior change and to clarify misconceptions about HIV and access to ART services.

USAID envisions the mainstreaming, by CSOs, of community-based Mother Support Groups as a way to deliver public health services to HIV-positive mothers and their exposed children. Ethiopia's socio-economic barriers and the status of women impact maternal health, including ANC/PMTCT activities. Health facility-based Mother Support Groups, supported by IntraHealth, deliver key HIV care, treatment and other health services to HIV-positive mothers and their exposed children. The Contractor shall expand this activity and improve outcomes of mothers and their children, including improved pediatric case detection and support for mothers and infants. The Contractor shall build linkages with existing USG-supported programs for orphans and vulnerable children (OVC) and child survival programs.

In addition to ensuring affected families reach health care services delivery points, the Contractor shall build capacity of CSO to provided families Personalized Care Plans. Additionally, the Contractor shall work to improve care and treatment literacy, utilize integrated management of adult and adolescent illnesses (IMAI) curricula for community

volunteers, HIV Counseling and Testing (HCT) including condom distribution, strengthened referrals to Health Post/Health Centers in peri-urban areas for the supply of prophylaxis commodities such as cotrimoxazole and OI management; establishing linkages with inpatient facilities to facilitate referrals through case managers; mobilizing community resources; supporting referral monitoring and tracking and using standardized monitoring and reporting formats.

USAID envisions that the CSOs will develop plans in collaboration with the woreda and municipal health offices to jointly support and monitor care programs complementing the urban Health Extension Program. The Contractor shall further collaborate with district health offices, town health offices, and health facilities, in addition to USG implementing partners, to strengthen referral networks at the community level, and support referrals to inpatient facilities and default tracing. Such involvement shall mobilize non-USG resources to further support community-based palliative care services, including nutrition and social support programs.

Recognizing that different types and intensity of care and support interventions are needed, USAID requires that technical assistance to CSOs shall include elements of the following services to meet the needs of individuals and their families at various stages: literacy and adherence support for anti-retroviral therapy (ART) and opportunistic infection (OI) treatment; referral for or provision of HCT for household contacts; TB screening and community directly observed therapy short-course (DOTS); application of Integrated Management of Adult and Adolescent Illness (IMAI) guidelines within community-based palliative care; incorporation of urban health education workers (HEWs) when possible; nutrition counseling and assessment (for bedridden patients); psychosocial and spiritual counseling; accessing safer water; malaria prevention including net promotion and limited provision; and stigma reduction. Community support for DOTS may include DOTS drug compliance counseling and collaboration with facilities in patient follow-up. The Contractor shall also build linkages with existing RH/FP programs.

To ensure quality and supervision of community-based palliative care services, the Contractor shall second mentors for a limited time to serve as palliative care mentors within local organizations.

Quality assurance (QA) in palliative care is a major concern. The Contractor shall apply common QA standards across all CSOs.

Illustrative activities:

- Deployment of experienced mentors for organizational/technical capacity-building for CSOs.
- Through CSOs, service delivery of basic and advanced palliative care to HIV positive individuals and their households.
- Coordination with Regional Health Bureaus (RHBs) and support of training requirements for CSOs as per national guidelines.

- Strengthened quality assurance and performance monitoring systems within CSOs.
- Addressing pediatric care requirements and mobilizing families to initiate formal clinical care and treatment services.

Performance Indicators:
Number of HIV positive individuals at community and family level who receive integrated care and support services, including:

1. Number of HIV positive individuals reached with basic palliative care services during the reporting period.
2. Number of HIV positive individuals reached with advanced palliative care services during the reporting period.
3. Number of laypersons trained in family-focused care during the reporting period
4. Number of laypersons active in providing palliative care (basic or advanced) at the end of the reporting period.
5. Number of palliative care mentors deployed to CSOs during the reporting period
6. Number of CSOs provided support to offer palliative care services during the reporting period.
7. Number and percent of people known to have HIV/AIDS in target intervention areas referred for TB screening and treatment.
8. Number and percent of people known to have HIV/AIDS in target intervention areas referred for STI screening and treatment.
9. Number and percent of known HIV positive pregnant women who receive community-based care and support through to the post-partum period, including accompanying them for drug prophylaxis for themselves and their new-born infants;
10. Number of HIV/AIDS-related orphans and vulnerable children (OVC) who benefit from one or two of the services in the basic OVC package of services.
11. Number of HIV/AIDS-related orphans and vulnerable children (OVC) who benefit from three or more of the services in the basic OVC package of services.

Component 2: Supporting CSO Delivery of HIV Counseling and Testing Services

Summary
The USG has supported a variety of facility-based and mobile HIV counseling and testing (HCT) initiatives in Ethiopia since 2001. This component is designed to build on past experience and expand HCT services to CSOs participating in HIV prevention and HIV community care and support services. The USG envisions that this expansion will expand access to HCT services for at-risk populations and household members of HIV positive individuals in urban and peri-urban areas. These HCT services will have active linkages with HIV/AIDS services offered through the public and private sectors. USAID requires all community-oriented HCT activities supported will utilize finger prick testing

and testing products that do not require a cold chain, in addition to strengthened quality assurance and quality control systems.

USAID requires the Contractor shall assist in establishing HCT services within CSOs offering community and home-based care. This shall improve access to HCT for HIV positive individuals and other family members, and provide risk reduction services for discordant couples. In addition, services shall support community groups and town health offices serving at-risk populations including migrants, female sex workers, and adults over 25 years of age, and street children.

Partners and families of persons living with HIV are at a much higher risk than the general population of either being or becoming HIV-infected. As a result, a substantial proportion of family members or partners have undiagnosed HIV infection. Studies in Uganda indicated high acceptance rates among household members when offered counseling and testing (CT) during home visits. HIV prevalence was three times the national average among 15-44 year olds who shared a house with someone already diagnosed.

Elements and Approaches for Community Counseling and Testing

Key implementation elements by the CSOs shall include but are not limited to:

- Establishment of integrated HCT services within existing community and home-based care programs to reach family and household members where persons living with HIV reside.
- Provision of individual, couple and family-oriented counseling services with strong emphasis on HIV prevention counseling.
- Integration of HCT promotion and referral into interpersonal HIV prevention programs for at-risk populations, implemented either by the Contractor or other USG implementing partners.
- Strengthening referral mechanisms and pathways to community and facility services for HIV positive individuals.
- Extensive use of community-counselors, including the training of community counselors for the deployment within CSOs.
- Strengthening of quality assurance and performance monitoring systems building on international service and quality standards.

HIV positive individuals may not only be beneficiaries of such positive-prevention activities but shall also be actively involved in the development and delivery of services. Prevention messages and strategies for HIV positive and HIV negative individuals shall be included in VCT, counseling, support groups or peer-led activities and incorporated within interventions delivered through home-based care.

Among the possible interventions for increasing the rates of partner testing among HIV-positives are: counseling that discusses discordance among couples and the need to test family members (and children); providing on-site rapid testing for partners, children

and family members; offering couple counseling and testing; and offering referral CT as a confidential alternative.

Specific implementation activities to expand and enhance CT services are expected to include:

- Training and deployment of community counselors/PLWHAs to CSOs.
- Institutionalization of quality control systems and tools to support community-level services, whether in a stand-alone facility or a household.
- An emphasis on the needs of women, including FP/RH counseling and referrals, PMTCT counseling, and promotion of HIV secondary prevention to discordant couples including condom provision.
- Increasing promotion and uptake of pediatric HCT and referrals.
- Deploying mentors to support delivery of HCT by local civil society.
- Improving condom availability to both palliative care and at-risk population beneficiaries served through CSOs.
- Strengthening universal precaution practices within CSOs providing HCT services, specifically in the area of waste management systems.
- Utilizing proficiency assessments and external quality control to evaluate performance of CSOs.
- Provision of supplies and equipment (e.g., bicycles) to CSOs to catalyze service start-up and outreach.
- Collaboration with SCMS and Regional Health Bureaus to ensure access of HIV test kits and essential supplies are available.

Illustrative activities:

- Grants and technical assistance to CSOs to provide HCT services within community care and in coordination with local authorities.
- Establishment of active referral capacities in all community-based CT services that fully comply with referral protocols established by RHBs.
- Common quality control systems for HCT services.
- In collaboration with RHBs, community counselors trained and deployed to CSOs.
- Introduction of HCT curriculums into pre-service training settings at local institutions.

Performance Indicators:

1. Number of sexual partners and children of people known to have HIV/AIDS who are referred for HIV screening (disaggregated by acceptance and refusal) during the reporting period.
2. Number of expected pregnant women in target intervention areas referred for HIV testing during the reporting period.
3. Number of individuals receiving HCT (disaggregated by sex and by setting) during the reporting period.
4. Number of laypersons trained in HCT services during the reporting period.

5. Number of laypersons active in providing HCT services at the end of the reporting period.
6. Number of CSOs provided support to offer HCT services during the reporting period.

Component 3 – CSO Delivery of Economic Strengthening Services

Summary
Beneficiaries and households impacted by HIV/AIDS often receive clinical and community-based care services, limited nutrition support and counseling. Beneficiaries do not receive adequate levels of economic strengthening activities to stabilize households and build assets to enable them to become more self-sufficient. USAID currently supports several efforts to expand economic strengthening (e.g., income generation activities) through agriculture, communal gardening and small-scale dairy farming. These efforts, although providing positive results, are not scaled to adequately respond to the needs of the majority of HIV positive individuals enrolled in care and support.

The Contractor shall provide technical assistance and resources to CSOs to implement evidence-based economic strengthening activities that recognize opportunities within local value chains, markets and urban areas. Furthermore, the mechanism shall integrate formal and informal savings activities for beneficiaries to measurably impact their household's ability to absorb morbidity or economic shocks that can be expected when living with a chronic condition.

When proposing activities for this component, the Contractor shall draw upon experiences from Ethiopia and other African and Asian countries related to effective economic strengthening activities in urban and peri-urban areas. Although the resource base will not support absolute coverage and integration within all CSOs involved in the program, there should be co-location of community care with economic strengthening in sites where poverty levels, prevalence and high service volumes of HIV care and treatment are present.

USAID envisions this mechanism to build on value chain assessments of Ethiopia and other African countries. As such, the mechanism may conduct assessments to determine viability but formative research should be minimized and a maximum amount of resources should be available for scaling-up viable economic strengthening interventions to a maximum number of beneficiaries.

Illustrative activities:
- Technical assistance and activity grants to CSOs to provide structured economic strengthening activities including asset building and savings activities.
- Leverage existing opportunities or support with seed grants Technical and Vocational Education and Training centers, local colleges, municipal small

business support and other prospects to maximize opportunities to achieve productivity among beneficiaries or household members.
- Performance and effectiveness reporting integrated into the M&E plan.

Performance Indicators:
Number of families receiving palliative care services also receiving economic strengthening activities during the reporting period
Number of individuals and dependents supported with economic strengthening activities during the reporting period
Number of laypersons trained in economic strengthening curriculum during the reporting period

Component 4 – CSO Capacity-Building for Community-Based HIV/AIDS Services

Summary:
Successful implementation of this project is dependent upon effective partnerships with CSOs and deliberate methods of financing and building organizational and technical capacity for delivery of components of this program. The Contractor shall develop a menu-based approach for building both technical and organizational capacity within participating CSOs. Examples of CSOs include, but are not limited to, national or regional based non-governmental organizations (NGOs) and formal Idirs (community-based traditional burial societies). USAID requires that substantial resources and technical assistance should be delivered to CSOs that are able to offer mentoring to smaller and informal associations, including *mahebers*.

The standard capacity-building approach should: 1) utilize common organizational capacity indicators required for the HIV/AIDS services envisioned for each component; 2) establish and monitor existing and future organizational and technical capacity for HIV/AIDS services; 3) identify specific capacity strengthening needs; 4) specify capacity-enhancement interventions to address those needs; and 5) monitor progress towards identified capacity-strengthening goals. Activities that capitalize on previous investments in Ethiopia, specifically partnering with Ethiopian institutions (including mentor CSOs, teaching institutions and private organizations) that have effective capacity to model programs, may offer opportunities.

Illustrative activities:
- Organizational and technical capacity needs assessments and technical assistance plans for each CSO.
- Development and application of minimal organizational capacity indicators (such as supervision, monitoring and tracking, quality assurance, financial accounting, internal controls, etc.) for delivering successful palliative care, HCT and economic strengthening services.
- Regular reporting and monitoring mechanisms for measuring progress toward organizational capacity development goals for CSOs.

Performance Indicators:
Number of individuals receiving finance and administration, grant management and human resources training during the reporting period
Number of CSOs receiving organizational or technical assistance at the end of the reporting period
Amount of non-USG funds (in-kind and cash) mobilized by CSO partners during reporting period

Component 5 – Human Capacity Development for HIV/AIDS Services in the Community

Summary
USAID envisions this mechanism to support pre-service training of several public and private training institutions in the areas of social work and nursing, including the development of a fellowship program to deploy graduates to CSOs to gain experience and broaden the cadres involved in Ethiopia's multi-sectoral HIV/AIDS response.

Support for pre-service training will build knowledge and opportunities for social workers to participate in community-based care and adherence activities. The Contractor shall provide technical and material assistance to selected educational institutions to develop and strengthen social worker-based curriculum, instruction and equipment. Furthermore, there may be opportunities for the prime partner to build in mentorship programs that utilize institution staff in engaging civil society HIV/AIDS programs.

Prior experience from other countries suggests that sustained capacity-building within indigenous CSOs is a key element to building comprehensive, sustainable and effective community-based HIV/AIDS services. Further consultation with the Federal HAPCO, Ministry of Education and RHBs regarding pre-service training initiatives will be required as this program develops. Some of the component's deliverables are expected to include:

Illustrative activities:
- Engagement and upgrading of training institutions' technical instruction and curriculum materials as a component of USAID's pre-service training activities.
- Establishment of a fellowship program for public and private graduates to be placed in CSOs.

Performance Indicators:
Number of students provided pre-service training support during the reporting period (disaggregated by professional discipline)
Number of educational institutions supported during the reporting period
Number of students deployed as fellows to work with CSOs

C.4 CONTEXT OF IMPLEMENTATION

Decentralization of healthcare is an opportunity to expand and improve existing services within the Ethiopian national HIV/AIDS response. The Federal HAPCO and the Federal Ministry of Health (MoH) provide coordination and policy guidance. The Federal Ministry of Finance and Economic Development (MOFED) provide block grants to regional governments for the determination of sector budgets at the regional level. Finances are passed to zonal and woreda councils for further determination of sector financing. As such, Contractor is required to co-locate key personnel, with CSOs in regional capitals, and coordinate closely with RHBs and Zonal Health Offices in Amhara, Benishangul-Gumuz, Dire Dawa, Oromia and limited areas of Southern Nations region.

Gender equity will underscore all implementation activities. It will be necessary to assess and address barriers that limit access to services for women and girls, while ensuring that both male and female home and community-based service providers are part of the implementation process. Many African countries classify men as hard-to-reach because they test by proxy and do not access treatment until they are in advanced stages of AIDS.

The Contractor shall build capacity among community care organizations to provide quality care through training, ongoing supportive supervision, and the provision of job aids. Additionally, the Contractor is required to work with the town health administrations to strengthen the capacities of their local organization counterparts and the participating communities to provide quality and integrated services. Besides this, the Contractor needs to establish strong referral linkages between community services and facility-based services and care.

Given the fact that quality assurance and quality control are integral parts of effective service delivery, the Contractor is required to describe and implement its approach to quality monitoring and the mechanisms it would apply for both quality monitoring and assurance.

Commodities required (such as infection prevention (IP) materials and pharmaceuticals or test kits) to support community-based services should be coordinated with the Supply Chain Management Systems (SCMS) Activity and Regional Health Bureaus. The Contractor shall procure limited stop-gap supplies as needed for activity implementation to ensure continuity of basic and advanced palliative care services and quality control activities.

USAID requires that the Contractor provide a specific statement on collaboration and the use of joint work planning with other USG implementing partners to synchronize activities to avoid duplication and extend services to as many Ethiopians as possible who are in need of community-based care.

C.5 PERFORMANCE INDICATORS:

The Contractor shall incorporate the national and international performance indicators into its Performance Monitoring Plan (PMP). USAID shall work with the Contractor to determine additional indicators to be tracked alongside the proposed PMP. In addition, the PMP should include national and international service and quality indicators in each component area. USAID requires the Contractor to include a package of quality improvement indicators to be tracked at sites and reported on quarterly.

The Contractor shall outline and allocate funding for periodic local internal evaluations to support program implementation on specific technical topics.

Deliverables and Performance Standards

Component 1:
Standardized quality assurance manual and reporting system for CSOs’ palliative care activities Provision of training to CSOs on nationally-accepted training curriculums for palliative care (Basic and Advanced) implementation Community Plan for palliative care jointly established with health facility providers and zonal, woreda and municipal officials Quarterly progress reports on implementation of palliative care activities by CSOs

Component 2:
Standardized quality assurance and quality control manual and reporting system for CSOs’ HCT activities Provision of training to CSOs on nationally-accepted training curriculums for HCT implementation Community Plan for HCT jointly established with health facility providers and zonal, woreda and municipal officials Quarterly progress reports on implementation of HCT activities by CSOs

Component 3:
Economic strengthening manual and reporting system for CSOs’ activities Provision of training to CSOs on national curriculums for economic strengthening Community plan for economic strengthening jointly established with zonal, woreda and municipal officials and the local private sector Quarterly progress reports on implementation of economic strengthening activities by CSOs

Component 4:
Organizational and technical capacity manual and reporting system for CSOs’ activities Provision of standard organizational capacity training for CSOs Jointly developed strategy for CSOs’ involvement in HIV/AIDS activities

Component 5:
Report on pre-service strengthening at local educational institutions (annually)

Expected Results and Performance Targets:

	Year one	Year Two	Year Three	Option Year One	Option Year Two
Number of individuals reached by CSOs with a package of palliative care services per OGAC guidelines (annual)	250,000	300,000	350,000	350,000	350,000
Number of households reached by CSOs with economic strengthening activities (annual)	25,000	30,000	35,000	30,000	25,000
Number of individuals reached by CSOs with HCT services and received their result (annual)	200,000	300,000	400,000	350,000	350,000
Number of individuals trained by CSOs in palliative care, HCT or economic strengthening services (annual)	5,000	5,500	4,500	4,000	4,000
Number of CSOs supported	50	80	100	100	100

C.6 PERFORMANCE MONITORING PLAN

The contractor's performance shall be evaluated based on the completion of specific tasks as outlined in the Task Order, adherence to the work plan, and reports submitted to the Cognizant Technical Officer (CTO).

C.7 IMPLEMENTATION AND MANAGEMENT PLAN

The Contractor shall provide contract management necessary to fulfill all the requirements of this task order. This includes cost and quality control under this contract.

END OF SECTION C

SECTION D – PACKAGING AND MARKING

D.1 AIDAR 752.7009 MARKING (JAN 1993)

(a) It is USAID policy that USAID-financed commodities and shipping containers, and project construction sites and other project locations be suitably marked with the USAID emblem. Shipping containers are also to be marked with the last five digits of the USAID financing document number. As a general rule, marking is not required for raw materials shipped in bulk (such as coal, grain, etc.), or for semifinished products which are not packaged.

(b) Specific guidance on marking requirements should be obtained prior to procurement of commodities to be shipped, and as early as possible for project construction sites and other project locations. This guidance will be provided through the cognizant technical office indicated on the cover page of this contract, or by the Mission Director in the Cooperating Country to which commodities are being shipped, or in which the project site is located.

(c) Authority to waive marking requirements is vested with the Regional Assistant Administrators, and with Mission Directors.

(d) A copy of any specific marking instructions or waivers from marking requirements is to be sent to the Contracting Officer; the original should be retained by the Contractor.

D.2 BRANDING POLICY

The Contractor shall comply with the requirements of the USAID "Graphic Standards Manual" available at www.usaid.gov/branding, or any successor branding policy.

D.3 BRANDING STRATEGY

The branding implementation plan (BIP) shall implement USAID's branding strategy as follows:

Activity Name : Strengthening Community Responses to HIV/AIDS

Branding : The branding shall incorporate the message that the assistance is "from the American People and by USAID"

Desired Level of Visibility : USAID identity and PEPFAR/Ethiopia Logo must be prominently displayed on: commodities or equipment, printed, audio, or electronic public communications; studies, reports, publications, websites, and all promotional and informational products; and events.

Organizations to Be Acknowledged : None

END OF SECTION D

SECTION E - INSPECTION AND ACCEPTANCE

E.1 TASK ORDER PERFORMANCE EVALUATION

Task order performance evaluation shall be performed in accordance with AIDSTAR – Sector I IQC, Section E.

END OF SECTION E

SECTION F – DELIVERIES OR PERFORMANCE

F.1 PERIOD OF PERFORMANCE

The estimated period of performance for this task order is _____ and completion date is _____.

F.2. DELIVERABLES

Component:	Deliverables:
Component 1:	The contractor shall deliver Standardized quality assurance manual and reporting system for CSOs' palliative care activities Provision of training to CSOs on nationally-accepted training curriculums for palliative care (Basic and Advanced) implementation Community Plan for palliative care jointly established with health facility providers and zonal, woreda and municipal officials Quarterly progress reports on implementation of palliative care activities by CSOs
Component 2:	Standardized quality assurance and quality control manual and reporting system for CSOs' HCT activities Provision of training to CSOs on nationally-accepted training curriculums for HCT implementation Community Plan for HCT jointly established with health facility providers and zonal, woreda and municipal officials Quarterly progress reports on implementation of HCT activities by CSOs
Component 3:	Economic strengthening manual and reporting system for CSOs' activities Provision of training to CSOs on national curriculums for economic strengthening Community plan for economic strengthening jointly established with zonal, woreda and municipal officials and the local private sector Quarterly progress reports on implementation of economic strengthening activities by CSOs
Component 4:	Organizational and technical capacity manual and reporting system for CSOs' activities Provision of standard organizational capacity training for CSOs Jointly developed strategy for CSOs' involvement in HIV/AIDS activities
Component 5:	Report on pre-service strengthening at local educational institutions (annually)

See Section C for full information and definitive listing. All of the evaluation findings, conclusions, and recommendations shall be documented in the Final Report. All written deliverables shall also be submitted electronically to the CTO. Bound/color printed deliverables may also be required, as directed by the CTO.

F.3 TECHNICAL DIRECTION AND DESIGNATION OF RESPONSIBLE USAID OFFICIALS

Name: Cynthia L. Shartzer
Contracting Officer
USAID/Ethiopia
Telephone: 251-11-551-0088
Fax: 251-11-551-0043
Email:

The Cognizant Technical Officer (CTO) is designated separately.

F.4 PLACE OF PERFORMANCE

The place of performance under this Task Order is Ethiopia, as specified in the Statement of Work.

F.5 AUTHORIZED WORK DAY / WEEK

The Contractor is authorized to use a 6 day workweek for short-term assignments. No overtime or premium pay is authorized under this Task Order.

F.6 REPORTS AND DELIVERABLES OR OUTPUTS

In addition to the requirements set forth for submission of reports in Sections I and J, and in accordance with AIDAR clause 752.242-70, Periodic Progress Reports, the Contractor shall submit reports, deliverables or outputs as further described below to the CTO (referenced in Sections F.2 and G). All reports and other deliverables shall be in the English language, unless otherwise specified by the CTO.

(a) Quarterly Reports: Quarterly Reports shall be submitted within seven calendar days before the start of the new quarter. The scope and format of the quarterly reports will be determined in consultation with the CTO.

(b) Annual Workplans: Annual Workplans shall be required of the Contractor that will detail the work to be accomplished during the upcoming year. The scope and format of the Annual Workplan will be agreed to between the

Contractor and the CTO during the first thirty days after the award of the contract. These Annual Workplans may be revised on an occasional basis, as needed, to reflect changes on the ground and with the concurrence of the CTO.

The first Annual Workplan shall be submitted within one month of award of the contract. The workplan should include the estimated monthly funding requirements during the upcoming year of program implementation, necessary to meet all program objectives within the contract. USAID will respond to the workplan within five calendar days.

(c) Final Report: The Contractor shall prepare a final report that matches accomplishments to the specific paragraphs of the Scope of Work. The final report will be drafted to allow for incremental improvements in the process, both generally within USAID and specifically with respect to this contract.

END OF SECTION F

SECTION G – TASK ORDER ADMINISTRATION DATA

G.1 CONTRACTING OFFICER'S AUTHORITY

The Contracting Officer is the only person authorized to make or approve any changes in the requirements of this task order and notwithstanding any provisions contained elsewhere in this task order, the said authority remains solely in the Contracting Officer. In the event the Contractor makes any changes at the direction of any person other then the Contracting Officer, the change shall be considered to have been made without authority and no adjustment shall be made in the contract terms and conditions, including price.

G.2 TECHNICAL DIRECTION

Health, AIDS, Population and Nutrition (HAPN) Office shall provide technical oversight to the Contractor through the designated CTO. The contracting officer shall issue a letter appointing the CTO for the task order and provide a copy of the designation letter to the contractor.

G.3 ACCEPTANCE AND APPROVAL

In order receive payment, all deliverables must be accepted and approved by the CTO.

G.4 INVOICES

One (1) original of each invoice shall be submitted on an SF-1034 Public Voucher for Purchases and Services Other Than Personal to the Office of Financial Management. One copy of the voucher and the invoice shall also be submitted to the Contracting Officer and the CTO.

Electronic submission of invoices is encouraged. Submit invoices to the Office of Financial Management to this address: Addispaymentsection@usaid.gov.

The SF-1034 must be signed, and it must be submitted along with the invoice and any other documentation in Adobe.

Paper Invoices shall be sent to the following address:

USAID/Ethiopia
Office of Financial Management
2030 Addis Ababa Place
Washington D.C 20521-2030

If submitting invoices electronically, do not send a paper copy.

END OF SECTION G

SECTION H – SPECIAL TASK ORDER REQUIREMENTS

H.1 KEY PERSONNEL

The contractor shall provide the following key personnel for the performance of this task order:

1. Chief of Party; _____
2. Operations Manager: _____
3. Senior Technical Program Officer: _____
4. Senior Technical Program Officer: _____
5. Senior Technical Program Officer: _____

USAID reserves the right to adjust the level of key personnel during the performance of this task order.

The positions specified above are considered to be essential to the work being performed hereunder. Prior to replacing any of the specified individuals, the Contractor shall immediately notify both the Contracting Officer and USAID Cognizant Technical Officer and shall submit written justification (including proposed substitutions) in sufficient detail to permit evaluation of the impact on the program. No replacement of key personnel shall be made by the Contractor without the written consent of the Contracting Officer.

The staffing structure that includes other full-time or regular part-time project positions included in the contractor's final cost proposal and corresponding salaries comparable to local compensation plan (LCP) salary rates are accepted and approved by USAID within this Contract.

H.2 LANGUAGE REQUIREMENTS

All deliverables shall be produced in English.

H.3 GOVERNMENT FURNISHED FACILITIES OR PROPERTY

The Contractor and any employee or consultant of the Contractor is prohibited from using U.S. Government facilities (such as office space or equipment) or U.S. Government clerical or technical personnel in the performance of the services specified in the Task Order unless the use of Government facilities or personnel is specifically authorized in the Task Order or is authorized in advance, in writing, by the CTO.

H.4 CONFIDENTIALITY AND OWNERSHIP OF INTELLECTUAL PROPERTY

All reports generated and data collected during this project shall be considered the property of USAID and shall not be reproduced, disseminated or discussed in open

forum, other than for the purposes of completing the tasks described in this document, without the express written approval of a duly-authorized representative of USAID. All findings, conclusions and recommendations shall be considered confidential and proprietary.

H.5 CONTRACTOR’S STAFF SUPPORT, AND ADMINISTRATIVE AND LOGISTICS ARRANGEMENTS

The Contractor shall be responsible for all administrative support and logistics required to fulfill the requirements of this task order. These shall include all travel arrangements, appointment scheduling, secretarial services, report preparations services, printing, and duplicating.

H.6 AIDAR 752.242-70 PERIODIC PROGRESS REPORTS (OCT 2007)

(a) The contractor shall prepare and submit progress reports as specified in the contract schedule. These reports are separate from the interim and final performance evaluation reports prepared by USAID in accordance with FAR 42.15 and internal Agency procedures, but they may be used by USAID personnel or their authorized representatives when evaluating the contractor's performance.

H.7 GRANTS UNDER CONTRACT

The Contractor may be required to execute grants on behalf of USAID. (Note: It is anticipated that prior approval will be provided by The Head of the Contracting Activity of this procedure for this contract, subject to the requirements below pursuant to ADS [the USAID Automated Directive System] 302.3.4.8) The following requirements apply to any grant to be awarded by a Contractor under this contract:

1) The total value of any individual grant to any U.S. organization must not exceed $100,000. This limitation does not apply to grant awards to Non-U.S Organizations.

2) It is not feasible to accomplish USAID objectives through normal contracts and awards executed by USAID because either:

a) The burden of executing a number of small grant activities is particularly difficult for the responsible USAID Mission or office; or
b) The grant program is incidental and relatively small in comparison to other technical assistance activities of the Contractor.

3) USAID must be significantly involved in establishing selection criteria and must approve the actual selection of grant recipients. USAID may be less significantly involved when grants are quite small and are incidental to the contractor's technical activities.

4) All requirements that apply to USAID-executed grants shall also apply to grants the Contractor executes (as further set forth in ADS 303).

5) The contractor shall not execute or administer cooperative agreements on USAID's behalf. USAID prefers to the extent practicable that Simplified Grant and Fixed Obligation Grant Formats described in ADS 303.3.24.1 are used when conditions set forth in ADS 303.3.24.1(a) apply. The Simplified Grant and Fixed Obligations formats may be used for U.S. recipients for grants not in excess of $100,000 and for non-U.S. recipients for grants not in excess of $250,000.

6) USAID retains the ability to terminate the grant activities unilaterally in extraordinary circumstances

H.8. NONEXPENDABLE PROPERTY PURCHASES AND INFORMATION TECHNOLOGY RESOURCES

The Contractor shall request authorization from the Government to purchase equipment and/or resources for this task order. As part of this requirement, the Contractor shall provide a list giving a description of every item, quantity of units, price, function, and whether it is a new/used item.

Procurement of Nonexpendable properties submitted in the Contractor’s final cost proposal dated _____ is approved with this contract.

* Procurement of restricted products required separate CO’s prior written approval.

END OF SECTION H

SECTION I – CONTRACT CLAUSES

I.1 Reference: AIDSTAR Sector I INDEFINITE QUANTITY CONTRACT.

I.2 52.232-22 Limitation of Funds (Apr 1984)

(a) The parties estimate that performance of this contract will not cost the Government more than (1) the estimated cost specified in the Schedule or, (2) if this is a cost-sharing contract, the Government’s share of the estimated cost specified in the Schedule. The Contractor agrees to use its best efforts to perform the work specified in the Schedule and all obligations under this contract within the estimated cost, which, if this is a cost-sharing contract, includes both the Government’s and the Contractor’s share of the cost.

(b) The Schedule specifies the amount presently available for payment by the Government and allotted to this contract, the items covered, the Government’s share of the cost if this is a cost-sharing contract, and the period of performance it is estimated the allotted amount will cover. The parties contemplate that the Government will allot additional funds incrementally to the contract up to the full estimated cost to the Government specified in the Schedule, exclusive of any fee. The Contractor agrees to perform, or have performed, work on the contract up to the point at which the total amount paid and payable by the Government under the contract approximates but does not exceed the total amount actually allotted by the Government to the contract.

(c) The Contractor shall notify the Contracting Officer in writing whenever it has reason to believe that the costs it expects to incur under this contract in the next 60 days, when added to all costs previously incurred, will exceed 75 percent of (1) the total amount so far allotted to the contract by the Government or, (2) if this is a cost-sharing contract, the amount then allotted to the contract by the Government plus the Contractor’s corresponding share. The notice shall state the estimated amount of additional funds required to continue performance for the period specified in the Schedule.

(d) Sixty days before the end of the period specified in the Schedule, the Contractor shall notify the Contracting Officer in writing of the estimated amount of additional funds, if any, required to continue timely performance under the contract or for any further period specified in the Schedule or otherwise agreed upon, and when the funds will be required.

(e) If, after notification, additional funds are not allotted by the end of the period specified in the Schedule or another agreed-upon date, upon the Contractor’s written request the Contracting Officer will terminate this contract on that date in accordance with the provisions of the Termination clause of this contract. If the Contractor estimates that the funds available will allow it to continue to discharge its obligations beyond that date, it may specify a later date in its request, and the Contracting Officer may terminate this contract on that later date.

(f) Except as required by other provisions of this contract, specifically citing and stated to be an exception to this clause—

(1) The Government is not obligated to reimburse the Contractor for costs incurred in excess of the total amount allotted by the Government to this contract; and

(2) The Contractor is not obligated to continue performance under this contract (including actions under the Termination clause of this contract) or otherwise incur costs in excess of—

(i) The amount then allotted to the contract by the Government or;

(ii) If this is a cost-sharing contract, the amount then allotted by the Government to the contract plus the Contractor’s corresponding share, until the Contracting Officer notifies the Contractor in writing that the amount allotted by the Government has been increased and specifies an increased amount, which shall then constitute the total amount allotted by the Government to this contract.

(g) The estimated cost shall be increased to the extent that (1) the amount allotted by the Government or, (2) if this is a cost-sharing contract, the amount then allotted by the Government to the contract plus the Contractor’s corresponding share, exceeds the estimated cost specified in the Schedule. If this is a cost-sharing contract, the increase shall be allocated in accordance with the formula specified in the Schedule.

(h) No notice, communication, or representation in any form other than that specified in paragraph (f)(2) of this clause, or from any person other than the Contracting Officer, shall affect the amount allotted by the Government to this contract. In the absence of the specified notice, the Government is not obligated to reimburse the Contractor for any costs in excess of the total amount allotted by the Government to this contract, whether incurred during the course of the contract or as a result of termination.

(i) When and to the extent that the amount allotted by the Government to the contract is increased, any costs the Contractor incurs before the increase that are in excess of—

(1) The amount previously allotted by the Government or;
(2) If this is a cost-sharing contract, the amount previously allotted by the Government to the contract plus the Contractor’s corresponding share, shall be allowable to the same extent as if incurred afterward, unless the Contracting Officer issues a termination or other notice and directs that the increase is solely to cover termination or other specified expenses.

(j) Change orders shall not be considered an authorization to exceed the amount allotted by the Government specified in the Schedule, unless they contain a statement increasing the amount allotted.

(k) Nothing in this clause shall affect the right of the Government to terminate this contract. If this contract is terminated, the Government and the Contractor shall negotiate an equitable distribution of all property produced or purchased under the contract, based upon the share of costs incurred by each.

(l) If the Government does not allot sufficient funds to allow completion of the work, the Contractor is entitled to a percentage of the fee specified in the Schedule equalling the percentage of completion of the work contemplated by this contract.

I.3 752.7101 VOLUNTARY POPULATION PLANNING ACTIVITIES (JUNE 2008)

(a) *Requirements for Voluntary Sterilization Program.* None of the funds made available under this contract shall be used to pay for the performance of involuntary sterilization as a method of family planning or to coerce or provide any financial incentive to any individual to practice sterilization.

(b) *Prohibition on Abortion-Related Activities.*
(1) No funds made available under this contract will be used to finance, support, or be attributed to the following activities: (i) procurement or distribution of equipment intended to be used for the purpose of inducing abortions as a method of family planning; (ii) special fees or incentives to any person to coerce or motivate them to have abortions; (iii) payments to persons to perform abortions or to solicit persons to undergo abortions; (iv) information, education, training, or communication programs that seek to promote abortion as a method of family planning; and (v) lobbying for or against abortion. The term “motivate”, as it relates to family planning assistance, shall not be

construed to prohibit the provision, consistent with local law, of information or counseling about all pregnancy options.

(2) No funds made available under this contract will be used to pay for any biomedical research which relates, in whole or in part, to methods of, or the performance of, abortions or involuntary sterilizations as a means of family planning. Epidemiologic or descriptive research to assess the incidence, extent or consequences of abortions is not precluded.

(c) The contractor shall insert this provision in all subcontracts.

I.4 752.227-14 Rights in Data – General (OCT 2007)

The following paragraph (d) replaces paragraph (d) of (48 CFR) FAR 52.227-14 Rights in Data—General.

(d) Release, publication and use of data.

(1) For all data first produced or specifically used by the Contractor in the performance of this contract in the United States, its territories, or Puerto Rico, the Contractor shall have the right to use, release to others, reproduce, distribute, or publish such data, except to the extent such data may be subject to the Federal export control or national security laws or regulations, or unless otherwise provided in this paragraph of this clause or expressly set forth in this contract [see paragraph (d)(3) for limitations on contracts performed outside of the US].

(2) The Contractor agrees that to the extent it receives or is given access to data necessary for the performance of this contract which contain restrictive markings, the Contractor shall treat the data in accordance with such markings unless otherwise specifically authorized in writing by the Contracting Officer.

(3) For all data first produced or specifically used by the Contractor in the overseas performance of this contract, the Contractor shall not release, reproduce, distribute, or publish such data without the written permission of the Contracting Officer. The government also may require the contractor to assign copyright to the government or another party as circumstances warrant or as specifically stated elsewhere in the contract.

END OF SECTION I

SECTION J – LIST OF DOCUMENTS EXHIBITS AND OTHER ATTACHEMENTS

SECTION J - LIST OF ATTACHMENTS

Attachment Number	Title
J.1	**Annex A:** Priority Sites for Community Care
J.2	**Annex B:** Geographic Distribution of On-Going Palliative Care Activities
J.3	USAID FORM 1420-17 Contractor Biographical Data Sheet*

* A hard copy is attached at the end of this document; however, for an electronic version, please locate the form at http://www.USAID.GOV/procurement_bus_opp/procurement/forms/ .
The copy of the form is being provided herewith for reference purpose only.

END OF SECTION J

SECTION L - INSTRUCTIONS, CONDITIONS, AND NOTICES TO OFFERORS

L.1 GENERAL

The Government anticipates the award of one (1) Cost-Plus-Fixed-Fee (CPFF) as a result of this RFTOP; however, it reserves the right to make multiple awards or no award.

L.2 ACQUISITION SCHEDULE

The schedule for this acquisition is anticipated to be as follows:

	Date
RFTOP issued	09/23/2008
Questions due	10/15/2008
Answers to questions disseminated	10/29/2008
Proposals due	11/13/2008
Technical evaluation	11/18/2008
Award of task order	12/15/2008
Performance begins	January 2009
Debriefings begin (if required)	01/01/2009

All Questions relating to this RFTOP must be submitted via e-mail to the AAM mailbox at caddis@usaid.gov no later than October 15, 2008, 0800 hours Addis , to facilitate inclusion of responses in an Amendment to the RFTOP. A notification email should be sent simultaneously to hamenu@usaid.gov and cshartzer@usaid.gov. Unless otherwise notified by an amendment to the RFTOP, no questions will be accepted after this date. Offerors must not submit questions to any other USAID staff, including the technical office

L.3 PROPOSAL INSTRUCTIONS

(a) The offeror must submit the proposal:

For proposal documents the email submission should be compatible with MS Word, Excel and adobe acrobat in a MS Windows environment for proposal documents. Please provide the budget in Microsoft Excel with calculations shown in the spreadsheet and provide an electronic version of the narrative in MS Word. Offerors must also provide electronic copies of the budgets on CD-ROMs (in Microsoft Excel) with calculations shown in the spreadsheet. Additionally, the offeror must submit an electronic version of the narrative discussing the costs for each budget line item (in Microsoft Word).

(i) electronically - internet email with up to 10 attachments (2MB limit) per email compatible with MS WORD, Excel, adobe acrobat in a MS Windows environment for proposal documents to the AAM mailbox via email at caddis@usaid.gov and simultaneously send notification email to A&A Specialist, Henok Amenu at hamenu@usaid.gov, and Contracting Officer Cynthia Shartzer at cshartzer@usaid.gov. There has been a problem with the receipt of *.zip files due to anti-virus software. Therefore, Offerors are discouraged from sending files in this format as we can not guarantee their acceptance by the internet server. Only those pages requiring original manual signatures should be sent via PDF. (Facsimile is not authorized); **or**

(ii) a. via regular mail or courier- sending one original and 2 paper copies of a technical proposal and one original and 2 copies of a cost proposal, however the issuing office receives regular international mail only once a week. All mail is subject to US Embassy electronic imagery scanning methods, physical inspection, and is not date and time stamped prior to receipt by USAID and the Contracting Officer; or

b. hand delivery (including commercial courier) of one original and 2 paper copies of a technical proposal and one original and 2 copies of a cost proposal to the issuing office.

The Offerors must ensure that the mailed proposal is received prior to the date and time set for closing.

(iii) Regardless of the method used the Technical Proposal and Cost Proposal must be kept separate from each other. Technical Proposals must not make reference to pricing data in order that the technical evaluation may be made strictly on the basis of technical merit. If proposals are submitted via regular mail or courier or hand delivery, **Please include a CD of the documents as well.**

(b) Submission of Alternate Proposals

All Offerors shall submit a proposal directly responsive to the terms and conditions of this RFTOP. If an Offeror chooses to submit an alternative proposal, they must, at the same time, submit a proposal directly responsive hereto for any alternate to even be considered.

(c) Government Obligation

The US Government is not obligated to make an award or to pay for any costs incurred by the offeror in preparation of a proposal in response hereto.

DELIVERY INSTRUCTIONS

(a) Proposals submitted other than electronic via Email in response to this RFTOP will be received in the following manner:

USAID/Ethiopia
Acquisition & Assistance Management Office
Attn: Henok Amenu, A&A Specialist
2030 Addis Ababa Place
Washington, DC 20521-2030

Hand-Carried, or via Courier Service:
USAID/Ethiopia
Acquisition & Assistance Management Office
Attn: Henok Amenu, A&A specialist
Riverside Building
Of Haile Gebre Sellassie Rd/Olympia Rd
Addis Ababa, Ethiopia

NOTE: POUCH can take up to two weeks; If Sent via U.S. Postal Service Offerors should be aware that packages arriving via US Postal Service frequently suffer deterioration due to irradiation.

(b) **Closing Date and Time**. All proposals in response to this RFP shall be due at the below address, not later than **0800 hours Addis Ababa, Ethiopia time, November 13, 2008** as indicated on the cover page to this RFTOP.

(c) The information requested below must be placed in sealed envelopes clearly marked (unless submitting electronically – then put it on the subject line) on the outside with the following information:

RFP No.: 663-T-08-048
(Title): STRENGTHNING COMMUNITIES' RESPONSES TO HIV/AIDS

Technical and Cost/Business Proposals must be kept separate from each other. Technical Proposals must not make reference to pricing data in order that the technical evaluation may be made strictly on the basis of technical merit.

(d) Number of copies. Unless submitting electronically - an original and Two (2) copies of the Technical Proposal are required. An original and two (2) copies of the Cost/Business Proposal are required.

However, if submission is sent by email, copies are not required. Email can be followed by one original of both the technical and cost proposals and also a CD. Email submission is due at USAID/Ethiopia by the closing date and time, but hard copy can be postmarked on due date and time.

L.4 GENERAL INSTRUCTIONS TO OFFERORS

(a) RFTOP Instructions: If an Offeror does not follow the instructions set forth herein, the Offeror's proposal may be eliminated from further consideration or the proposal may be down-graded and not receive full or partial credit under the applicable evaluation criteria.

(a) Accurate and Complete Information: Offerors must set forth full, accurate and complete information as required by this RFTOP. The penalty for making false statements to the Government is prescribed in 18 U.S.C. 1001.

(b) Offer Acceptability: The Government may determine an offer to be unacceptable if the offer does not comply with all of the terms and conditions of the RFTOP.

(c) Proposal Preparation Costs: The U.S. Government will not pay for any proposal preparation costs.

L.5 INSTRUCTIONS FOR THE PREPARATION OF THE TECHNICAL PROPOSAL

L.5.1 Technical Approach

(a) The Technical Proposal in response to this RFTOP should address how the offeror intends to carry out the Statement of Work contained in Section C. It should also contain a clear understanding of the work to be undertaken and the responsibilities of all parties involved. The technical proposal should be organized by the technical evaluation criteria listed in Section M.

(b) The past performance references required by this section shall be included as an annex or attachment of the technical proposal.

(c) Detailed information should be presented only when required by specific RFTOP instructions. Proposals are limited to 30 pages, OVER 30 PAGES WILL NOT BE EVALUATED, and shall be written in English and typed on standard 8 1/2" x 11" paper (216mm by 297mm paper), single spaced, 11 Times New Roman with each page numbered consecutively. Items such as graphs, charts, cover pages, dividers, table of contents, and attachments (i.e. key personnel resumes, reply to case studies, table summarizing qualifications of proposed personnel, past performance summary table and past performance report forms) are not included in the 30-page limitation.

(d) The technical proposal should, at a minimum, include the following:

Experience, Personnel, Corporate Capability, Past Performance. It must contain a clear explanation of the responsibilities of all parties involved. These requirements flow directly from evaluation criteria in Section M and shall be organized and included in the order indicated below.

(1) TECHNICAL APPROACH (50)
(2) KEY PERSONNEL (30)
(3) INSTITUTIONAL CAPACITY AND PAST PERFORMANCE (20)

The Offeror's technical approach should address each result area presented in Sections C and F. Whenever appropriate, proposed techniques, mechanisms or methods for achieving results that have been utilized and proven effective in other countries or settings should be identified and examples of their effectiveness cited.

L.5.2 KEY PERSONNEL

Five positions are envisioned to be key personnel: (1) a Chief of Party; (2) an Operations Manager, and (3) three Senior Technical Program Officers. USAID/Ethiopia encourages the Offeror to consider USAID/Ethiopia's priority to build sustained organizational and technical capacity in local CSOs. Furthermore, USAID/Ethiopia strongly encourages the employment of host country nationals who can bring familiarity with local communities care programs and health systems as well as language and cultural expertise to both key and non-key positions.

The Offeror is encouraged to provide its own proposed staff, with the caveat that both technical qualifications and price are factors in the evaluation of the offer. The Offeror's proposal must describe the technical qualifications, experience and educational background that are particularly advantageous for successfully leading community HIV/AIDS Program –and for achieving the objectives that contribute to the broader HIV/AIDS prevention, care and treatment goals in Ethiopia.

Key personnel will be evaluated on relevant qualifications, experience and demonstrated competency, as well as on the skills needed to successfully complete the Statement of Work in Section C. The proposed personnel should maintain appropriate gender balance, striving to assure that at least half of the positions be filled by women professionals.

As outlined in the section below, a complete and current resume must be submitted for each key personnel candidate detailing the requisite qualifications and experience of the individual; references with contact information are also required. Resumes may not exceed five (5) pages in length. Qualifications, experience and skills shall be placed in chronological order starting with the most recent information.

A listing of all proposed key personnel candidates, descriptions of the relevant skills they bring to the performance of this activity, their resumes, and letters of commitment must be included in an annex. The signed letters of commitment from each candidate must indicate his/her: (a) availability to serve in the stated position, in regular terms of days after award; (b) intention to serve for a stated term of the service; (c) agreement to the compensation levels which corresponds to the levels set forth in the cost proposal; and (d) prior work experience. The Offeror shall also submit for each key personnel

candidate a minimum of three (3) references from professional contacts over the past three years, along with each candidate's current and complete contact information (preferably including email addresses).

Qualifications for key personnel positions are noted below.

Chief of Party:

The proposed Chief of Party must have: 1) the strategic vision, leadership qualities, depth and breadth of technical expertise and experience in HIV/AIDS and public health programming in Ethiopia: 2) professional reputation; 3) management experience; 4) interpersonal skills; and 5) professional relationships to fulfill the diverse technical and managerial requirements of the statement of work. S/he will also have experience interacting with host country local governments, USAID partners, international education and health development organizations and donor agencies. Specifically,

- The candidate must have at least ten years experience preferably in managing a complex health development program. Prior work in home and community based care, including the provision of household health service delivery, and organizational capacity development is preferred. The candidate must be familiar with evidence-based approaches in both implementation management and the representation of HIV care and prevention programs.
- An advanced degree in public health, nursing, business administration or social sciences, or other field directly related to the range of activities of the statement of work.
- The proposed candidate's experience and education should be complementary to those of the candidate(s) proposed for the other key personnel position(s).
- Demonstrated Amharic and English language skills (FS-3 level or higher).

Grants/Contracts or Operations Manager:

- The candidate must have at least ten years experience working in health and development programs with substantial expertise in contracts and grant management to civil society in developing countries.
- Demonstrated English language skills (FS-3 level or higher).
- An advanced degree in business administration, social sciences or other fields directly related to the range of activities of the statement of work.
- The proposed candidate's experience and education must be complementary to those of the proposed candidate for Chief of Party.

Senior Technical Program Officers (X3)

- The candidate must have at least six years experience working in health and development programs with substantial expertise in community health and HIV/AIDS community care activities.

- Demonstrated Amharic and English language skills (FS-3 level or higher).
- An advanced degree in public health, nursing or other fields directly related to the range of activities of the statement of work.
- The proposed candidates' experience and education must be complementary to those of the proposed candidate for Chief of Party.

L.5.3 INSTITUTIONAL CAPACITY AND PAST PERFORMANCE

The Offeror is expected to register their for-profit/not for profit organization with local authorities and establish a presence in Addis Ababa equal to the requirements needed to meet the results and deliverables. The core office will provide all administrative and management support to the Offeror under the program, including implementation of financial and accounting systems for commodity procurement, arranging for and supporting in-country training, processing of all travel and support, etc. It will operate under the general supervision of the Chief of Party.

The Offeror should plan to provide all administrative and management support necessary for the smooth implementation of contractor activities in each area of intervention. Such administrative support would include but not be limited to: obtaining local technical services; local commodity procurement; in-county travel and logistical support for project personnel; travel and logistical support for short-term international personnel; and, obtaining appropriate local office space. The Offeror is encouraged to utilize economies of scale for administrative costs and shall define in detail its proposed arrangements and staffing.

The Offeror must address the following points:

- Describe the roles and responsibilities of staff and stakeholders and their assigned management and decision-making authorities, and the relationship of stakeholders with the Offeror.
- Describe the organization's capacity to manage and build organizational capacity of indigenous subcontractors.
- Complete staffing plan with underlying rationale, including support staff, an organizational chart demonstrating lines of authority and staff responsibility, and a brief position description for each technical staff.
- Submit a preliminary Performance Monitoring Plan (PMP) that shows how performance is measured and undertaken in timely basis.
- Detailed schedule of activities upon award.

Past Performance, Experience and Achievements

The Offeror shall provide references for similar work completed during the past 3 years that includes the type of agreement/contract, name of organization/company, program/project manager contact information, dollar value, time-period of performance and summary description of the work performed.

The Offeror shall describe their organization's history of planning, implementing, and monitoring significant and complicated activities with a range of partners. The Offeror shall demonstrate past collaboration with host country governments at the national and sub-national levels. Also, describe past performance in using small business concerns. The past performance submission should specifically address:

- Developing, implementing, managing and evaluating similar Civil Socity Strengthening efforts – highlighting when that experience included HIV/AIDS related activities.
- Collaborating closely with various levels of host country organizations, Civil Society Organizations, NGOs and international organizations active in health.
- Evidence of local civil societies' capacity building in program design, implementation and evaluation.

L.6 COST PROPOSALS

Offerors must submit a separate Price Proposal. If hard copy is provided, Offerors must also provide electronic copy on CD-ROMs (in Microsoft Excel) with calculations shown in the spreadsheet. Additionally, the offeror must submit an electronic version of the narrative discussing the costs for each budget line item (in Microsoft Word).

Offerors must submit a Cost/Business Proposal and include the following information. All pages must be sequentially numbered, and each part must be separated by a tab or colored divider page. Failure to include all information, or to organize the proposal in the manner prescribed, may result in rejection of the proposal as being unacceptable.

(1) Offerors must provide one original and two (2) copies of a cost proposal. Each must be identified as such, e.g., "original" or "copy 1 of 2" etc. Originals will be official file documents and such must be unbound and two-hole punched at the top. The other copies must be contained in three ring binders. **If submission is via email, copies are not needed.**

(2) Each offeror must provide a cost proposal to include the line items set forth below as applicable. USAID envisions, subject to the availability of funds, the estimated cost plus fixed fee, if any, not to exceed $35 million for the three year base period and two one-year options. Funding available for the first year of implementation is approximately**,** $6,843,000.

COST-PLUS-FIXED-FEE BUDGET

Total Direct Labor	
Salary and Wages	$_____
Fringe Benefits	$_____
Consultants	$_____
Travel, Transportation, and Per Diem	$_____
Equipment and Supplies	$_____
Subcontracts (see note below)	$_____
Allowances	$_____
Participant Training	$_____
Other Direct Cost	$_____
Overhead	$_____
G&A	$_____
Material Overhead	$_____
Total Estimated Cost	$_____
Fixed Fee	$_____
Total Est. Cost Plus Fixed Fee	$_____
Total Cost-Plus-Fixed-Fee	**$**

Note: Individual subcontractors should include the same cost element breakdowns in their budgets as applicable.

L.7 INSTRUCTIONS FOR THE PREPARATION OF THE BRANDING IMPLEMENTATION PLAN

Offerors must prepare a Branding Implementation Plan (BIP) to address the Branding Strategy described in Section D above. This BIP must specifically address the following:

- How to incorporate the message, "This assistance is from the American people," in communications and materials directed to beneficiaries, or provide an explanation if this message is not appropriate or possible.

- How to publicize the program, project, or activity in the host-country and a description of the communications tools to be used. Such tools may include the following:
  - Press releases,
  - Press conferences,
  - Media interviews,
  - Site visits,
  - Success stories,
  - Beneficiary testimonials,
  - Professional photography,
  - PSAs,

  - Videos, and
  - Webcasts, e-invitations, or other e-mails sent to group lists, such as participants for a training session blast e-mails or other Internet activities, etc.

- The key milestones or opportunities anticipated to generate awareness that the program, project, or activity is from the American people, or an explanation if this is not appropriate or possible. Such milestones may be linked to specific points in time, such as the beginning or end of a program, or to an opportunity to showcase publications or other materials, research findings, or program success. These include, but are not limited to, the following:
  - Launching the program,
  - Announcing research findings,
  - Publishing reports or studies,
  - Spotlighting trends,
  - Highlighting success stories,
  - Featuring beneficiaries as spokespeople,
  - Showcasing before-and-after photographs,
  - Marketing agricultural products or locally-produced crafts or goods,
  - Securing endorsements from ministry or local organizations,
  - Promoting final or interim reports, and
  - Communicating program impact/overall results.

The branding implementation plan (BIP) shall implement USAID's branding strategy as follows:

Activity Name : Strengthening Community Responses to HIV/AIDS

Branding : The branding shall incorporate the message that the assistance is "from the American People and by USAID"

Desired Level of Visibility : USAID identity and PEPFAR/Ethiopia Logo must be prominently displayed on: commodities or equipment, printed, audio, or electronic public communications; studies, reports, publications, websites, and all promotional and informational products; and events.

Organizations to Be Acknowledged : None

END OF SECTION L

SECTION M – EVALUATION FACTORS FOR AWARD

M.1 GENERAL INFORMATION

(a) The Government may award a task order without discussions with offerors.

(b) The Government intends to evaluate task order proposals in accordance with Section M of this RFTOP and award to the responsible contractor(s) whose task order proposal(s) represents the best value to the U.S. Government. "Best value" is defined as the offer that results in the most advantageous solution for the Government, in consideration of technical, cost, and other factors.

(c) The submitted technical information will be scored by a technical evaluation committee using the technical criteria shown below. The evaluation committee may include industry experts who are not employees of the Federal Government. When evaluating the competing Offerors, the Government will consider the written qualifications and capability information provided by the Offerors, and any other information obtained by the Government through its own research.

For overall evaluation purposes, technical factors are considered *significantly more important than* cost/price factors.

M.2 TECHNICAL PROPOSAL EVALUATION CRITERIA

The following criteria will be used by the technical evaluation committee (TEC) to evaluate the proposals. The TEC members will assign values totaling 100 points to score the various components of the proposal as set forth below:

The specific evaluation criteria are as follows:

Technical Evaluation Criteria	Weight
Technical Approach	**50 points**
Key Personnel	**30 points**
Institutional Capacity and past Performance	**20 points**
Total Possible Technical Evaluation Points	**100 Points**

M.3 TECHNICAL APPROACH (50 POINTS) [SEE SECTION L.5 (1)]

- Approaches are well conceived and realistic to scale up and support multiple local civil society organization's delivery of HIV/AIDS services outlined to achieve Results 1, 2 and 3 and achieve the technical requirements of the statement of work in capacity building and supporting pre-service education of selected cadres.

- Demonstrates a thorough understanding of the current Ethiopian HIV epidemic in Ethiopia, the service needs of HIV positive individuals and their families in urban and peri-urban areas and will result in improvements to beneficiary pathways to community and clinic based care and treatment.

- Offers approaches built on Ethiopia’s achievements to date, ensures the continuity of existing community care beneficiaries and expands services to towns where limited community care and civil society programming is available.

- Describes approaches to work with Regional Health Bureaus, Woreda and Municipal Health Offices and training institutions to leverage host country structures to network with local civil society including pre-service training and fellowships.

- Describes systematic interventions to monitor and improve performance and quality of care for beneficiaries receiving community care.

M.4 KEY PERSONNEL (30 POINTS) [SEE SECTION L.5 (2)]

- Proposes full-time personnel with the professional qualifications and relevant experience needed to manage and achieve results?

- Proposes an appropriate organizational and management structure that supports extensive subcontract and grants management and identifies international and local partners.

M.5 INSTITUTIONAL CAPACITY AND PAST PERFORMANCE (20 POINTS) [SEE SECTION L.5 (3)]

- Demonstrated that the project management structure provides cost-effective approaches (e.g., expatriate vs. use of local Foreign Nationals experts; subcontracting and grants to local organizations) to achieve the desired results of the program.

- Demonstrated success in implementing and managing outputs and activities that have achieved significant results and are similar to those described in the scope of work.

- Provided evidence of an ability to develop and implement management procedures and systems: i) for control of all Contract resources and activities; and ii) to keep USAID/Ethiopia accurately and continuously informed of financial, administrative, personnel and technical issues.

M.6 COST PROPOSAL EVALUATION

COST EVALUATION CRITERIA: Cost Effectiveness and Realism - Proposed costs will be analyzed for cost realism, reasonableness, completeness, and allowability. In its analysis USAID will assess: if the costs are realistic for the effort, if the proposed costs demonstrate that the Offeror understands the RFTOP requirements, and if the costs are consistent with the technical proposal.

END OF SECTION M

ATTACHMENT J.1 ANNEXES
Annex A

Priority Sites for Community Care
Afar: Awash, Logia, Mille

Amhara: Dessie, Debre Markos, Debre Berhan, Kemissie, Woldia

Dire Dawa

Oromia: Adama, Chelenko, Chirro, Debrezeit, Dukem, Hirna, Karamille, Kerssa, Logia, Metehara, Meisso, Modjo, Shashmene, Welenchiti

SNNPR: Awassa, Dilla, Yirgalem

Approval of the selection of priority locations will occur in close collaboration with USAID.

Annex B

Geographic Distribution (by Region and Main Towns) of On-Going Palliative Care Activities (by Primary Implementing Partner)*

Location	International Orthodox Christian Charities	Management Sciences for Health –Care and Support Project	World Food Program – Urban HIV Program	TBD Food by Prescription	Population Services International – Preventive Care Package	TBD – Urban Gardens Program	Land O Lakes – Small Scale Dairy
Amhara Region				TBD	TBD	TBD	TBD
Bahir Dar				TBD	TBD	TBD	TBD
Gondar				TBD	TBD	TBD	TBD
Dabat				TBD	TBD	TBD	TBD
Addis Zemen				TBD	TBD	TBD	TBD
Woldia				TBD	TBD	TBD	TBD
Dessie				TBD	TBD	TBD	TBD
Kombolcha				TBD	TBD	TBD	TBD
Debre Birhan				TBD	TBD	TBD	TBD
Debre Tabor				TBD	TBD	TBD	TBD
Ebnate				TBD	TBD	TBD	TBD
Afar Region							
Logia				TBD	TBD	TBD	TBD
Mille				TBD	TBD	TBD	TBD
Dubti				TBD	TBD	TBD	TBD
Gewane				TBD	TBD	TBD	TBD
Awash Arba				TBD	TBD	TBD	TBD

Oromia Region							
Jimma				TBD	TBD	TBD	TBD
Nekemet				TBD	TBD	TBD	TBD
Gimbi				TBD	TBD	TBD	TBD
Metu				TBD	TBD	TBD	TBD
Alemaya				TBD	TBD	TBD	TBD
Assela				TBD	TBD	TBD	TBD
Babile				TBD	TBD	TBD	TBD
Moyale				TBD	TBD	TBD	TBD
Welenchiti				TBD	TBD	TBD	TBD
Woliso				TBD	TBD	TBD	TBD
Addis Alem				TBD	TBD	TBD	TBD
Adola				TBD	TBD	TBD	TBD
Holeta				TBD	TBD	TBD	TBD
Shashemene				TBD	TBD	TBD	TBD
Mojo				TBD	TBD	TBD	TBD
Fiche				TBD	TBD	TBD	TBD
Dukem				TBD	TBD	TBD	TBD
Bishoftu				TBD	TBD	TBD	TBD
Ziway				TBD	TBD	TBD	TBD
Adama				TBD	TBD	TBD	TBD
Metehara				TBD	TBD	TBD	TBD
Bedele				TBD	TBD	TBD	TBD
Ambo				TBD	TBD	TBD	TBD
Goba				TBD	TBD	TBD	TBD
SNNPR Region				TBD	TBD	TBD	TBD
Aleta Wondo				TBD	TBD	TBD	TBD
Butajira				TBD	TBD	TBD	TBD

Hosanna				TBD	TBD	TBD	TBD
Sodo				TBD	TBD	TBD	TBD
Arba Minch				TBD	TBD	TBD	TBD
Yirgachefe				TBD	TBD	TBD	TBD
Awassa				TBD	TBD	TBD	TBD
Sodo				TBD	TBD	TBD	TBD
Mizan Teferi				TBD	TBD	TBD	TBD
Hossaena				TBD	TBD	TBD	TBD
Durame				TBD	TBD	TBD	TBD
Wolkite				TBD	TBD	TBD	TBD
Dilla				TBD	TBD	TBD	TBD
Aleta Wondo				TBD	TBD	TBD	TBD
Tigray Region				TBD	TBD	TBD	TBD
Alamata				TBD	TBD	TBD	TBD
Adwa				TBD	TBD	TBD	TBD
Axum				TBD	TBD	TBD	TBD
Mekele				TBD	TBD	TBD	TBD
Addis Ababa				TBD	TBD	TBD	TBD
Dire Dawa				TBD	TBD	TBD	TBD
Benishangul Region				TBD	TBD	TBD	TBD
Assosa				TBD	TBD	TBD	TBD
Bambasi				TBD	TBD	TBD	TBD

* Shaded rectangle indicates activity in that location

ATTACHMENT J.3 USAID FORM 1420-17 - CONTRACTOR BIOGRAPHICAL DATA SHEET

CONTRACTOR EMPLOYEE BIOGRAPHICAL DATA SHEET

1. Name (Last, First, Middle)	2. Contractor's Name	
3. Employee's Address (include ZIP code)	4. Contract Number	5. Position Under Contract
	6. Proposed Salary	7. Duration of Assignment

8. Telephone Number (include area code)	9. Place of Birth	10. Citizenship (if non-U.S. citizen, give visa status)

11. Names, Ages, and Relationship of Dependents to Accompany Individual to Country of Assignment

12. EDUCATION (include all college or university degrees)

13. LANGUAGE PROFICIENCY (See Instructions on Reverse)

NAME AND LOCATION OF INSTITUTE	MAJOR	DEGREE	DATE	LANGUAGE	Proficiency Speaking	Proficiency Reading

14. EMPLOYMENT HISTORY

1. Give last three (3) years. List salaries separate for each year. Continue on separate sheet of paper if required to list all employment related to duties of proposed assignment.
2. Salary definition - basic pariodic payment for services rendered. Exclude bonuses, profit-sharing arrangements, or dependent education allowances.

POSITION TITLE	EMPLOYER'S NAME AND ADDRESS POINT OF CONTACT & TELEPHONE #	Dates of Employment (M/D/Y)		Annual Salary
		From	To	Dollars

15. SPECIFIC CONSULTANT SERVICES (give last three (3) years)

SERVICES PERFORMED	EMPLOYER'S NAME AND ADDRESS POINT OF CONTACT & TELEPHONE #	Dates of Employment (M/D/Y)		Days at Rate	Daily Rate in Dollars
		From	To		

16. CERTIFICATION: To the best of my knowledge, the above facts as stated are true and correct.

Signature of Employee	Date

17. CONTRACTOR'S CERTIFICATION (To be signed by responsible representative of Contractor)

Contractor certifies in submitting this form that it has taken reasonable steps (in accordance with sound business practices) to verify the information contained in this form. Contractor understands that the USAID may rely on the accuracy of such information in negotiating and reimbursing personnel under this contract. The making of certifications that are false, fictitious, or fradulent, or that are based on inadequately verified information, may result in appropriate remedial action by USAID, taking into consideration all of the pertinent facts and circumstances, ranging from refund claims to criminal prosecution.

Signature of Contractor's Representative	Date

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